

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Y. Tom YANG et al.

Title:

HUMAN SYNTHETASES

Appl. No.:

10/031,905

Filing Date: 1/18/2002

Examiner:

David J. Steadman

Art Unit:

1652

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Amendment and Reply Under 37 CFR 1.111 with Exhibits A-D. [X]
- Information Disclosure Statement. [X]
- Form PTO/SB/08 and 3 references as listed. [X]
- The fee required for additional claims is calculated below: [X]

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	95	-	93	=	2	x	\$18.00	=	\$36.00
Independent Claims:	9	-	9	=	0	x	\$88.00	=	\$0.00
First p	resentation	of a	ny Multiple I	Depen	ndent Claims:	+	\$300.00	=	\$0.00
					CLAIMS	FE	E TOTAL	=	\$36.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$110.00	\$0.00	
[] Extension for response filed within the second month:	\$430.00	\$0.00	
[] Extension for response filed within the third month:	\$980.00	\$0.00	
[] Extension for response filed within the fourth month:	\$1,530.00	\$0.00	
[] Extension for response filed within the fifth month:	\$2,080.00	\$0.00	
	FEE TOȚAL:	\$0.00		
[Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00	
	CLAIMS, EXTENSION AND DISCLAIMER	FEE TOTAL:	\$0.00	
[Small Entity Fees Apply (subtract ½ of above):			
	TOTAL FEE:	\$0.00		

- [X] Checks in the amount of \$180.00 (check no. 39693) to cover the Information Disclosure fee and \$36.00 (check no. 39704) to cover the extra claims fee are enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Atty. Dkt. No. 039386-0190 Appl. No. 10/031,905

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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Eve L. Frank

Attorney for Applicant Registration No. 46,785